

# Strategy Research Project

## Suicide Prevention: It's All About Leadership

by

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United States Army



United States Army War College  
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USAWC STRATEGY RESEARCH PROJECT

**Suicide Prevention:  
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## Abstract

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Over the last decade the U.S. Department of Defense (DoD) has witnessed a dramatic increase in service member's deaths by suicide. The cause of this increase is the center of much debate within the U.S. Army and the Department of Defense. Underlining the increase in death by suicide is the stress twelve years of constant combat in Iraq and Afghanistan has, and continues to cause service men and women. This paper will examine the causes of suicide as interpreted by the U.S. Army and the preventive measures the U.S. Army is taking to address suicide within its ranks. It will then discuss the theory of suicide from a social-psychological prospective followed by a discussion of how the U.S. Army's Force Generation (ARFORGEN) model and a lack of professional military education in the noncommissioned officer ranks have led to the inadequacies of U.S. Army's small unit leadership in dealing with suicide prevention. The paper will conclude with a recommendation for how the U.S. Army can correct small unit leadership deficiencies, thus better preparing first line leaders on combating suicide.



## Suicide Prevention: It's All About Leadership

Soldiers...are our most precious resource and reflect our success as leaders and mentors!

—CSM Roy L. Burns<sup>1</sup>

Over the last decade the U.S. Department of Defense (DoD) has witnessed a dramatic increase in service member's deaths by suicide. In 2012, the DoD marked its highest suicide rate since it began tracking suicides in 2001. During 2012, the U.S. Army experienced a record 182 deaths by suicide, an increase of 17 from the 2011 record of 165.<sup>2</sup> There were also 60 suicides within the U.S. Navy, 59 in the U.S. Air Force and 48 within the U.S. Marine Corps. For the DoD, suicides increased by 16% from 2011.<sup>3</sup> Since the beginning of the War on Violent Extremists in 2001, suicides within the U.S. Army have increased from less than 9% to above 21% as reflected in figure 1.

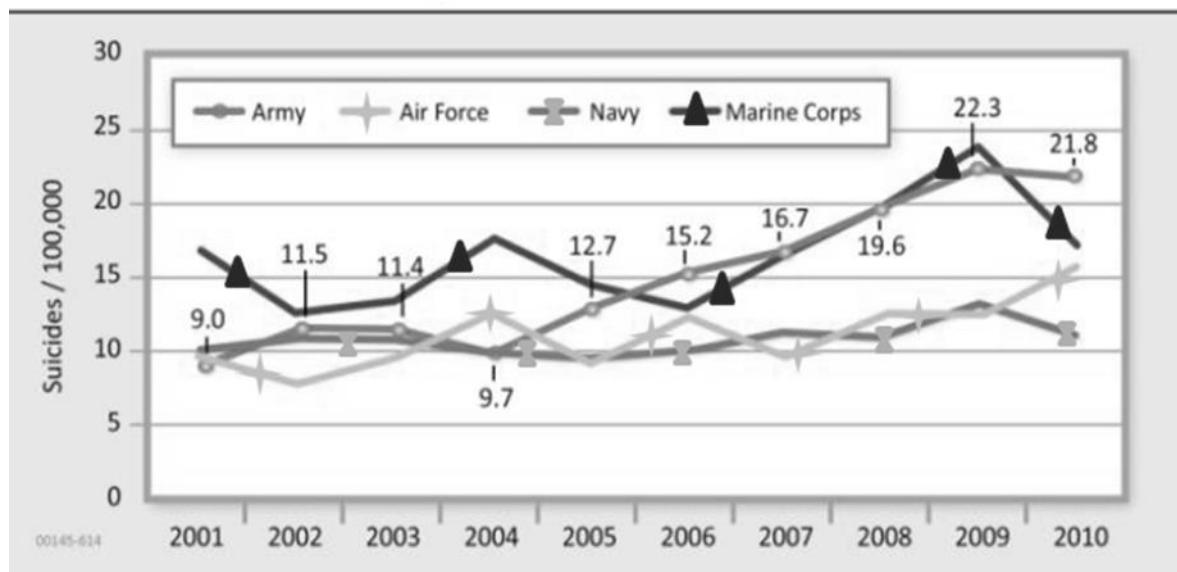


Figure 1. Active Duty Suicide Rates Across the DoD<sup>4</sup>

The cause of this increase is the center of much debate within the U.S. Army, Department of Defense, Congress, numerous media outlets and the American people. Underlining this suicide epidemic is the stress twelve plus years of constant combat in Iraq and Afghanistan has, and continues to cause service men and women. In other words, the war and its associated stressors have brought to the forefront challenges that are faced by all Soldiers, regardless of rank, age, or ethnicity that if continued to go unchecked will serve as the underlying reason suicide rates continue to increase.

This paper will examine the causes of suicide as interpreted by the U.S. Army and the preventive measures the U.S. Army is taking to address suicide within its ranks. It will then discuss the theory of suicide from a social-psychological prospective as proposed by social scientists Dr. George R. Mastroianni, Professor of Psychology at the U.S. Air Force Academy and Dr. Wilbur J. Scott, Professor of Sociology at the University of Oklahoma and their theories as to why Soldiers are committing suicide based on the hypothesis of Emile Durkheim's and Thomas Joiner's theories of social-psychology. Following this will be a discussion of how the U.S. Army's Force Generation (ARFORGEN) model and a lack of professional military education in the noncommissioned officer (NCO) ranks have led to the inadequacies of U.S. Army's small unit leadership in dealing with suicide prevention. The paper will conclude with a recommendation for how the U.S. Army can correct small unit leadership deficiencies, thus better preparing first line leaders on combating suicide.

### Causes of Suicide as Interpreted by the U.S. Army

The U.S. Army recognizes three main categories or risk factors that contribute to suicide. Each factor or a combination of factors has a direct correlation on suicide within the Army. The most relevant factors to the U.S. Army are: individual relationships

stressors, high risk behavior and medical conditions.<sup>5</sup> In order to better understand these factors a brief explanation with associated examples is necessary.

The Center for Health Promotion and Preventive Medicine stated that 82% of active duty suicides have at least one stressor. The stressors include behavioral health issues, legal problems and relationship issues. The two most prevalent are behavior and work stressors. Behavior stressors include adjustment disorders, substance abuse and post-traumatic stress disorders (PTSD). Based on the Center for Health Promotion and Preventive Medicine, the stressor with the greatest impact on suicidal trends is relationship issues, which were present in more than 58% of suicides in 2009.<sup>6</sup> The second most prevalent risk factor is work stress, which contributed to 50% of the suicides from 2005 to 2009.<sup>7</sup> These two stressors combined; relationship and work related should be taken into account by U.S. Army Leaders in relation to deployments over the last 12+ years. Continued training cycles and repeated deployments greatly influence the stress Soldiers experience in both work and social support relationships such as family and friendships. Therefore, the repeated demand of deployment and the associated stressor becomes a burden on Soldiers that may contribute to suicide.

High risk behavior, such as illicit drug use and alcohol abuse, is a significant contributor to suicide within the U.S. Army. Suicides within the U.S. Army showed a:

History of substance abuse associated with suicide and attempted suicide was 28% and 24%. Known drug and alcohol use during suicide events included drugs (9%), alcohol (22%) and both (4%); unknown use of drugs (46%) and alcohol (36%). Known drug and alcohol use during suicide attempts involved drugs (63%), alcohol (30%) and both (21%).<sup>8</sup>

While behavior stressors are substantial contributors to suicides in the Army, drugs and alcohol certainly manifest a sizeable impact. Life stressors may cause a Soldier to feel suicide is the only means to deal with stressors associated with the demanding

requirements of military service, but drugs and alcohol are the ways in which a Soldier's defenses against suicide are diffused.

Of the three causes of suicide, the most unique to the U.S. Army are medical conditions associated with physical or mental injuries received during combat operations. There are four issues associated with medical conditions; Post Traumatic Stress (PTS) and PTSD, mild Traumatic Brain Injury (mTBI), medication implications associated with mTBI and comorbid complications.

PTS is a reaction to a unique, often disruptive circumstance while PTSD is an associated condition that develops when PTS impacts normal activity. In 2008, 13% of Soldiers met the screening criteria for PTSD while 9.1% of Army suicides between 2005 and 2009 involved PTSD.<sup>9</sup> PTS results when an individual either witnesses or is involved in an event that is so traumatic the body's normal coping mechanism is unable to deal with the stress either physically or mentally leading to PTSD. Soldiers who are overcome with PTSD may turn to suicide as a means to cope with the stress associated with PTSD.<sup>10</sup>

According to the U.S. Army's 2010 *Health Promotion Risk Reduction Suicide Prevention* report, there is not a direct link from suicide to mTBI, although mTBI does have an impact on the daily lives of those who suffer from it. mTBI can result in a Soldier having repeated headaches, neurological disorders and sleeplessness. A concern of U.S. Army leadership is the treatment received by Soldiers suffering from mTBI, which in the past consisted of prescription drugs used to treat the symptom while the Soldiers didn't receive treatment for the root cause, that being the mTBI. It is the use, or abuse of prescription drugs that has a correlation to suicide.<sup>11</sup>

Although there is little evidence of a direct correlation between prescription medication use and suicide, the U.S. Army believes that there is a cause and effect relationship between the increased use of drugs such as antidepressants, psychiatric and narcotic pain management medication as to warrant mention of this cause in the Army's *Health Promotion Risk reduction Suicide Prevention Report of 2010*. Even so, the Army has directed the Army Medical Command to develop, in concurrence with civilian medical professionals; a comprehensive pain management program and policies that will standardize pain management across the U.S. Army.<sup>12</sup>

Lastly, comorbid, or a medical diagnosis of more than one medical condition, is a condition the U.S. Army is recognizing as a contributing factor in suicide related deaths. Comorbid usually occurs in concurrence with mTBI and is closely associated with behavioral health issues related to PTSD. The issue is recognizing and treating multiple factors without recognizing or promoting another condition.<sup>13</sup> For example, a Soldier who is suffering from mTBI receives prescription medication from a medical doctor for pain management while receiving an antidepressant from a psychologist in which when both medications interact may cause the Soldier to feel even more helpless than he/she already feels. Combine this event with alcohol and the feeling of hopelessness now becomes a catalyst for suicide.

While the three risk categories and their sub categories are not all inclusive, these are the risk factors the U.S. Army believes have the greatest impact on suicide within its ranks. The next step is identifying what the Army's program is for detecting and preventing suicide.

## U.S. Army Suicide Prevention Programs

The U.S. Army is currently focusing on suicide prevention efforts along two lines of effort with the goal of increasing the overall emotional well-being of the Force. First, the U.S. Army is concentrating on a buddy system referred to by GEN Chiarelli as "Soldiers taking care of Soldiers."<sup>14</sup> With training programs such as Ask, Care, Escort that focus on training leaders, Soldiers and Department of the Army Civilians, on taking care of each other when suicidal ideations are recognized. Second, is an approach recently adopted as a preventative measure called Comprehensive Soldier Fitness (CSF). CSF focuses on the whole person concept encompassing five emphasis areas - physical, emotional, social, family, and spiritual.<sup>15</sup> The goal of the CSF program is to empower a more resilient Soldier capable of facing the tough challenges of today's environment.

Within the scope of the two umbrella programs there are three additional programs - the U.S. Army's Suicide Prevention Program (ASPP), Strong Bonds, and routine suicide prevention "stand-down days." Each are further discussed below. These programs and initiatives are designed to communicate and educate the Force on suicide recognition and prevention.

The U.S. Army's primary prevention tool is communication and outreach. ASPP is an internet based system under the auspices of the U.S. Army G1. This web page contains links to training and contact information on suicide outreach programs. The training aspect focuses leaders and peer-Soldiers by using videos that provide the viewer with vignettes on suicide prevention. The website also includes contact numbers to outreach programs that allow Soldiers to talk to health care providers about

information on suicide prevention and, most importantly, where and how to seek assistance.<sup>16</sup>

In the next program, the U.S. Army seeks to educate and train Soldiers on suicide prevention using educational programs.<sup>17</sup> The U.S. Army uses a series of leader development briefings that provide background information on suicide and highlight U.S. Army programs. The Soldier briefings focus on stressors that bring about suicidal thoughts while encouraging Soldiers to seek assistance using peer-to-peer or self-referral to a medical professional.

Another program is the Army's "Strong Bonds"<sup>18</sup> which is a chaplain led program geared towards Soldiers and the families of Soldiers who are about to, or who have recently returned from deployments. This program is an open forum that allows single Soldiers and married Soldiers, with their spouses, the opportunity to openly engage in dialog about their experience while deployed and how to access assistance if required.

Starting in February 2009, the U.S. Army initiated a series of suicide "stand-downs" consisting of three separate days in which interactive videos using behavior-modification technology were used to reinforce suicide prevention. The "stand-down" days are designed to allow commanders and community suicide prevention enablers to come together with Soldiers during a full day of dedicated suicide prevention training using the technics described in this section. Two stand-down days use two separate videos while the third stand-down day is an annual training requirement encompassing current suicide-prevention training material.<sup>19</sup>

The U.S. Army's use of CSF, as discussed above, uses Master Resiliency Trainers (MRTs) that are assigned to units at the battalion level and above which are

trained in conjunction with the University of Pennsylvania where the CSF program was created and where the U.S. Army sends Soldiers for CSF MRT certification training. The U.S. Army is using the MRTs as coaches to assist Soldiers with the self-education portion used within the CSF program.

The U.S. Army established a "Gatekeeper" training program that targets both Soldier peers and chaplains.<sup>20</sup> The program's focus is recognition of suicidal tendencies or ideations by Soldiers in a peer setting. Specifically, the Gatekeeper enhances a peer-Soldier's confidence in dealing with Soldiers who display suicidal ideations and encourages peer-Soldiers to take those individuals who are communicating or displaying suicidal ideations to their leadership, a chaplain, or a health care provider.<sup>21</sup>

Lastly, are resilience programs designed to prepare Soldiers emotionally for operations in a hostile environment. The programs are focused on what Soldiers can expect to experience once deployed and how to transition once returned from deployment.<sup>22</sup>

#### The Social Aspect of Suicide, Durkheim's and Joiner's Social Pressure on Suicide

Dr. George Mastroianni's and Dr. Wilbur Scott's article *Reframing Suicide in the Military*, published in Parameters, Summer 2011,<sup>23</sup> postulates that although the Department of Defense has done excellent work in identifying and developing programs to combat suicide that the Defense Department is missing a critical aspect of what causes Soldiers to attempt and or commit suicide. In this article, Mastroianni and Scott call up Emile Durkheim's and Thomas Joiner's work on the social-psychological causes of suicide and then applies these social-psychological causes to the Department of Defense's suicide situation. Mastroianni and Scott state that:

The public response to this alarming and paradoxical trend largely has been to blame the usual suspects when bad things happen in our military: stress, the strain of intense operations and repetitive deployments, and the hardships of military life. Proposals to address the problem of suicide have also trod familiar ground: more money, more programs, more chaplains, expansion of mental health resources, more research on Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), new training modules, increased awareness, and better screening and treatment for those we think are at risk. Nevertheless, suicides continue to occur at unusually high rates in the military.<sup>24</sup>

Mastronianni and Scott "argue that our current understanding of this problem is incomplete, and that, as a nation, our approach to suicide in the military needs to be reframed."<sup>25</sup> Their proposal to reframe how the Department of Defense approaches suicide is based on the social-psychological theories expressed by Emile Durkheim in his book *A Study in Sociology*, and Thomas Joiner's book *Why People Die By Suicide*. In order to frame Durkheim's and Joiner's theories of suicide, a basic examination of their theories is required.

Durkheim's theory of suicide is based on social-psychological norms derived from 19th Century French society specifying how a society's cultural organizations, such as economic class and religious affiliations, impacted suicide rates within France. For example, Durkheim theorized religious affiliation, not necessarily beliefs, but the very belonging and active participation, served the purpose of an integration mechanism, while religious dogma served as a means of regulation. Durkheim's belief is that regulation and integration serve as a social safety network against suicide. Therefore, Durkheim's theory of "regulation" and "integration" are "necessity for well-defined norms and customs that regulate the interactions and lives of societal members (regulation), and for sufficiently strong commitments to these collective rules generated through immersion in group life (integration)."<sup>26</sup>

According to Durkheim:

What constitutes this society is the existence of a certain number of beliefs and practices common to all the faithful, traditional and thus obligatory. The more numerous and strong these collective states of mind are, the stronger the integration of the religious community, and also the greater its preservative value....The essential thing is that they be capable of supporting a sufficiently intense collective life.<sup>27</sup>

In relating Durkheim's theory of social-networks manifested in religious affiliation to the Department of Defense, the U.S. Army has become the integration and regulation organization for Soldiers much as 19th Century churches were for French citizens. Therefore, the U.S. Army as an organization, along with its associated operating procedures and service cultural, has become the regulator and integrator of our Soldier's social network. It's the U.S. Army that has manifested itself in small units, specifically at the buddy and team level, where a shared sense of social norms reveals themselves into a social network of trust; trust in each member of the team and trust in the team or squad as a regulating and integrating organization.

In Durkheim's theory, when the individual fails to function within a society's social network, the norms of integration and regulation become stressed and the individual perceives he has become ostracized from society. When the individual becomes ostracized from society, thus losing the support of the society, they then turn to what Durkheim refers to as egoistic suicide. In other words, when individuals lose integration, the safety net of society, they turn to suicide out of desperation. For Soldiers, the U.S. Army has become the "intense collective life..." in which Soldiers"...are influenced by collectively shared ideas of what is appropriate and inappropriate."<sup>28</sup> Therefore, when a Soldier is functioning within the accepted cultural norms of the U.S. Army, more specifically, the norms his/her fellow Soldiers rely upon in times of duress, they are in

balance with themselves and their surroundings. When the Soldier no longer functions within the Army's cultural organization or the cultural organization stops supporting the Soldier, then the relied upon social network and support of fellow Soldiers is lost and the Soldier may turn to suicide.

This occurs when, for example a Soldier receives non-judicial punishment for an infraction of an Army cultural norm such as being absent without leave or being caught abusing a controlled substance. As the Soldier no longer follows expected normal behavior as his peers do, coupled with punishment that restricts his activities, the Soldier becomes ostracized from his social network thus reducing his integration for his social norm (unit). This also impacts his sense of belonging to an organization that cares for him during times of increased stress. This leads to Dr. Thomas Joiner's theory of perceived burdensomeness and thwarted belongingness.

Dr. Thomas Joiner's theory of suicide draws on how interpersonal-psychology impacts the behavior of individuals. Joiner's theory proposes that a perceived burdensomeness and thwarted belongingness come together to produce a desire to commit suicide:

Thwarted belongingness involves a sense on the part of the individual that he or she lacks meaningful connections to others and that previously solid relationships have become strained or lost....Perceived burdensomeness, involves a sense on the part of the individual that he or she is a burden to the world, someone who not only fails to make meaningful contributions but is also a liability. Taken together, the theory says, these two perceptions produce the desire for suicide.<sup>29</sup>

According to Joiner "the need to belong is a fundamental human motive. When this need is thwarted, numerous negative effects on health, adjustment, and well-being have been documented."<sup>30</sup> For the U.S. Army, belonging to a team is the fundamental basis for survival in a combat zone or home-station. It's the team that provides support to the

Soldier when the Soldier experiences stressors associated with combat operations, and when not deployed in a combat zone, it's the team that provides support to the individual Soldier throughout the stressors of daily life. According to Joiner, individuals who feel that they are an encumbrance to society, or in the U.S. Army's case to the Soldier's team or unit, become overwhelmed with a sense of burdensome. These Individuals:

...perceive themselves to be ineffective or incompetent...that their ineffectiveness affects others, too...that this ineffectiveness that negatively affects everyone is stable and permanent, forcing a choice between continued perception of burdening others and escalating feelings of shame, on the one hand, or death on the other hand.<sup>31</sup>

Both Durkheim's and Joiner's theories on how institutional organizations impact suicide deserve serious consideration by the U.S. Army. As an organization, specifically an organization that has the burden of 12+ years of active combat, the U.S. Army has become, and in all likelihood will continue to be, a social-network for Soldiers which is best capable of supporting those Soldiers who are turning to suicide as a solution to a perceived burden where suicide is the only solution.

#### Applying Durkheim and Joiner to the U.S. Army

Durkheim's and Joiner's theories are not mutually exclusive; both rely heavily on how the individual and society interacts on, within and around each other. Soldiers and the U.S. Army share the same reciprocal relationship. The Soldier relies on the U.S. Army for support through stressful times that the Nation requires during service while the Nation, through the U.S. Army, relies on Soldiers to protect the Nation as a whole.

There are two circumstances related to the War on Violent Extremism that are currently, and in the future will, impact suicide within the U.S. Army. The first circumstance is the U.S Army's Force Generation model, or ARFORGEN. The second

circumstance is being driven by the U.S. Army's requirement to draw down the overall size of the U.S. Army as a result of the conclusions of operations in Iraq and the pending closure of operations in Afghanistan. This draw down is being supplemented by the forced reduction of manpower, which is partially being executed through a resurgent enforcement of U.S Army regulations and actions being taken against those with criminal records.

The U.S. Army's Force Generation model as outlined in *Army Regulation 525-29, Army Force Generation* is:

...the structured progression of unit readiness over time to produce trained, ready, and cohesive units prepared for operational deployments in support of the combatant commander and other Army requirements. The ARFORGEN process is the Army's core process for force generation, executed with supporting-to-supported relationships, that cycles units through three force pools: RESET, Train/Ready, and Available.<sup>32</sup>

The ARFORGEN process is designed to support three levels of requirements which are: steady-state, surge, and full surge which apply to combatant commander's war time requirements for ground forces. Encompassed in each are three distinct phases of readiness: RESET, train/ready, and available. Each phase is based on a set timeline depending on a unit's deployment. For example, when a deployed unit is redeploying and 51% of the unit has redeployed to home station, the unit enters the RESET phase. This phase is marked by Soldier reintegration, attendance at professional military education; health related readiness activities and limited training. Significant to this phase is the departure of Soldiers from the unit and the arrival and integration of replacement Soldiers. The next phase is the train/ready phase in which Soldier integration continues and training for designated or broad base mission sets takes place. Finally, units enter available phase. In this phase the unit is in its highest state of

readiness and is considered ready for worldwide deployment in support of a combatant commander.<sup>33</sup>

The ARFORGEN model is just that, a model used by the U.S. Army as a standard guide to the Force's training and deployment. During the War on Violent Extremism, the U.S. Army ARFORGEN process has worked well producing the desired outcome of preparing units ready for deployment. And, as with all plans certain modifications are required to meet unforeseen requirements or needs and the U.S. Army's ARFORGEN has been modified to meet these unforeseen requirements. It's these unforeseen modifications coupled with Durkheim's theory of suicide and social-psychology that are having unintended impacts on Soldiers. As the U.S. Army balances manning requirements for units deploying with other U.S. Army requirements, the goals set forth by the ARFORGEN regarding manning are not met. During the RESET and train/ready phase of a unit's ARFORGEN process, the U.S. Army manning system has not been able to fill deploying units quick enough, nor at the right pay grade as required by the unit manning roster. Therefore, as Soldiers become available they are placed in units to bring them up to strength; this at times means units are filled with junior Soldiers with less than six to ten months of service. Also, leadership positions are filled with junior, inexperienced Soldiers or junior noncommissioned officers who have not received sufficient leadership, education or experience normally received while in units.

It is at these times of shared hardships that Durkheim's theory of regulation and integration takes hold. The Soldier's new unit - team, squad and platoon becomes the Soldier's social network used to defend against suicide. In essence, the unit and the Soldiers within the unit becomes the social organization or the "integrator," while the

unit's standard operating procedures and norms of friendship and leadership form the culture or "regulation," that when combined becomes the Soldier's social-network relied upon to defuse a stressed Soldier during times of crisis. The problem develops during redeployment. Once a unit is redeployed it immediately begins to RESET itself. As discussed above, part of the RESET process is to allow Soldiers to attend professional military education, conduct changes of station or separate from the U.S. Army. Per Army Regulation (AR) 525-29, the time spent in RESET is to last up to 180 days, at which time the unit enters the train/ready phase.<sup>34</sup>

Soldiers, who return from deployment rarely, if at all, get 180 days to conduct RESET activities with their units. Most units begin to disassemble their formations at D plus 60-90 days (D - being the point where 51% of a unit manning strength has completed redeployment). This shortened RESET phase is at the point where the stressors of reintegration, PTSD and a whole host of other deployment related stressors begin to manifest themselves in Soldiers. This is the critical point when Soldiers who become overwhelmed emotionally and mentally are in the greatest need of support. The Soldiers who normally depart are Soldiers and leaders who have been in the unit the longest and also happened to be the unit leadership which junior Soldiers relied upon for stability and support during deployment. Once these leaders depart, the unit becomes void of seasoned leadership who know their Soldiers and what signals the troubled Soldiers show when becoming stressed or when the stress begins to manifest itself into possible life threatening activities the worst of which are suicidal ideations. Therefore, in applying Durkheim's theory of integration and regulation, the U.S. Army's execution of its ARFORGEN model with regard to unit manning in the RESET phase is

actually enabling suicide in Soldiers who are experiencing suicide ideations by taking away the social safety network i.e., the Soldier's unit, fellow Soldiers and leadership at the most critical time.

According to the U.S. Army's *Health Promotion Risk Reduction Suicide Prevention Report 2010*, of all the suicides committed in 2009, 58% involved relationship stressors with 34% involving legal/law enforcement encounters with 18% involving substance abuse.<sup>35</sup> As the U.S. Army begins withdrawing from Afghanistan while meeting the challenges of a Presidential mandated draw down of forces required in order to meet the strategic reset of forces, the U.S. Army will begin to enforce standards of discipline as a draw down forcing function.

In both of the U.S. Army's 2010 reports, *Health Promotion Risk and Reduction Suicide Prevention* and the 2012 report, *Army 2020, Generating Health & Discipline in the Force, Ahead of the Strategic Rest*, the U.S. Army is placing a significant emphasis in what it refers to as the lost art of leadership in garrison as a tool to enforce standards of conduct that were often over looked in order to maintain sufficient man power required to fight the War on Violent Extremism.

The basic premise is that since the start of the War on Violent Extremism, the U.S. Army has had to reduce its recruitment standards required to meet unit manning guidance and that leadership has looked the other way in enforcing U.S. Army regulations that may result in the discharge of individuals who fail to meet U.S. Army cultural norms or who become involved in criminal activity. Put another way "the Army has an opportunity to de-select and separate those Soldiers who do not meet the professional standards of conduct required of an all-volunteer Force."<sup>36</sup> If the U.S. Army

is not careful in how it conducts the draw down of Soldiers with discipline issues, it could propagate additional suicides as these Soldiers who are targeted for elimination become estranged from their units. It needs to be made clear that this paper is not advocating retaining Soldiers who do not meet U.S. Army cultural standards, but that the U.S. Army needs to be mindful of how these "targeted" Soldiers are treated by the U.S. Army, their units, leaders, and most of all the Soldiers that they served with throughout their Army career.

As these Soldiers begin to go through the process of elimination, most face additional punishment such as extra duty, restriction and confinement that ostracizes them from Soldiers whom they had previously had a close support relationship. Once these relationships are broken and measures of punishment go into effect, these Soldiers experience what Thomas Joiner refers to as a thwarted belongingness becoming a perceived burden on their unit, other Soldiers and themselves. This thwarted belongingness and burdensomeness causes these Soldiers to turn to use of illicit drugs, excess alcohol consumption, and criminal behavior or in the worse cases suicide as a means of coping. For Soldiers who are experiencing elimination it is possible that the process may become overwhelming as the social network the U.S. Army provided is being eliminated from their lives. For these Soldiers "... the need to belong is so powerful that, when satisfied, it can prevent suicide even when perceived burdensomeness and the acquired ability to enact lethal self-injury are in place. By the same token, when the need is thwarted, risk for suicide is increased."<sup>37</sup>

Given Durkheim's and Joiner's theory of social-psychology as it relates to suicide in the U.S. Army, coupled with the hardships Soldiers face while deployed and during

re-deployment's RESET phase, it becomes even more critical to the health and welfare of the Force that the U.S. Army's leadership, specifically its small unit leadership, remain engaged in the day to day lives of the Soldiers they are charged with leading. It is the small unit leadership that is the first line of defense in the U.S. Army's fight against suicide. All the U.S. Army's suicide prevention programs will fail to meet their goal of preventing suicide if the small unit leaders and the team, section and squad level fail to remain engaged with their Soldier's daily lives. But is the U.S. Army giving these small unit leaders the means, education and training to successfully complete their mission of taking care of Soldiers?

#### Suicide Prevention Responsibilities within the U.S. Army

The U.S. Army's suicide prevention program is outlined in Army Regulation 600-63, *Army Health Promotion* with Department of the Army Pamphlet 600-24, *Health Promotion, Risk Reeducation, and Suicide Prevention* providing details on the Army's suicide prevention programs, roles, and responsibilities. Unfortunately, both documents fall well short on delineating roles and responsibilities below the company command level. Both certainly do not provide any guidance as to the responsibilities of small unit leaders of sections and squads regarding suicide prevention.

AR 600-63 provides a general description of the Army's Suicide Prevention Program but fails to address specifics on establishing front line prevention programs at the unit level outside of required councils chaired by commanders. DA PAM 600-24 provides greater detail on specific Army suicide prevention programs and who is responsible for developing these programs through actual implementation from the Army Vice Chief of Staff, the Army Staff, Major Commands, Army Medical Command and finally ending at field commanders in the company or separate detachment

commands, but again fails to provide specific guidance to small unit leadership as to their roles and responsibilities in implementing and executing the Army's suicide prevention program. This lack of specific guidance is one of the drawbacks of the Army's program. The program forces small unit leaders, through regulatory guidance, to follow the Army's over-arching program at the micro level with its macro developed training aides such as videos, web pages etc...that fails to provide small unit leaders specific education and guidance on how to lead Soldiers through difficult times. The Army's overall prevention program is an upstanding program with great merit that educates leaders and Soldiers on programs designed to recognize and provide assistance to Soldiers who are in need, but fails to outline roles, responsibilities and techniques to our small unit leaders on leading Soldiers who are in crisis, not just at the time the crisis culminates in a suicide ideation or attempt.

Junior leaders (Corporals thru Staff Sergeants) are the first line of defense against suicide. It is the junior NCO whose basic responsibility, above all else, is the health and care of the Soldiers. As former Chief of Staff General Reimer (Ret) and former Vice Chief of Staff General Chairelli (Ret) state:

...taking care of our Soldiers was a primary responsibility of military leadership. We knew that the troops were our credentials, and we tried to create an environment where they could be the best they could possibly be. This meant getting to know them and their families - where they lived on or off post. This was part of our responsibilities for those under our command. It was - and still is - Leadership 101.<sup>38</sup>

Therefore, the failure of leadership to take care of their Soldiers, know their Soldiers on duty work and off duty habit, their families, where they live, how they live, who they spend time with while not on duty etc... is very key to leading Soldiers. The problem is that our first line leaders are not involved in their Soldier's lives as much as they were

prior to 9/11. The central cause is the shift from a peace time Army to a war time Army that refocused our leadership emphasis from basic human leadership to supporting a war time leadership requirement. In other words, unit level leadership's focus became preparing, deploying and fighting the wars in Afghanistan and Iraq which is different from leadership in peacetime garrison environment. This shift to war, coupled with U.S. Army programs, such as the ARFORGEN process, required to support the War fundamentally changed the way the junior NCO leads his Soldiers.

#### Unit Level Leadership and its Role in Suicide Prevention

The NCO corps is the focus of on ground leadership within small units. An NCO's ability to influence National strategy through small unit effectiveness is without peer. Therefore, the single most important aspect of an NCO's job is leadership, effective leadership that's primacy is the health and welfare of the Soldiers he is charged with leading. The old maxim of take care of your Soldiers and they will take care of the mission is, in the simplest terms, the means in which the U.S. Army accomplishes its mission. ADRP 6-2 *Army Leadership*, states that:

Soldiers look to their NCOs for solutions, guidance, and inspiration. Soldiers count on leaders they trust and admire....They expect them to convey information and provide day-to-day guidance to get the job done. To answer the challenges of the operational environment, NCOs must train Soldiers to cope, prepare, and perform regardless of situation.... NCOs are accountable for caring for Soldiers and setting the example for them.<sup>39</sup>

Bottom line is that it is the responsibility of the NCO to ensure the readiness of each Soldier he is charged with leading. The NCO does this through training, inspections, and knowing his Soldiers and their families. NCOs accomplish this by checking living conditions (both on and off base), knowing where and who his Soldiers spend off duty time with and by providing guidance through counseling, coaching and mentorship. Its

leadership that ensures a Soldier is healthy and that their morale isn't impacting the Soldier's ability to accomplish a mission and or maintain a healthy life style. It's the direct NCO leaders that ensures, in the basic sense, that Durkheim's and Joiner's theories of social-psychology, the Soldiers emotional, physical, and mental state of well-being are intact, therefore, protecting the Soldier from ideations or actually committing suicide. It is the NCO who, if properly trained and correctly executing his mission, should know if a Soldier is emotionally stressed to the point where he/she attempts to commit suicide. So if the U.S. Army's NCOs are executing their responsibilities why is it that the U.S. Army's suicide rate continues to rise? It's not that the NCO Corps is purposely failing their primary mission; far from it. There are numerous compounding causes of the U.S. Army's NCO leadership downward spiral which are all centered around the U.S. Army adjusting requirements for manpower needed to fight the War on Violent Extremism. This paper will now discuss three examples of these adjustments and their impacts on the Junior NCOs ability to lead soldiers.

First, is the impact of the modification made to the ARFORGEN model required to maintain small unit leadership in deploying units. Secondly, is U.S. Army's decision to place the day-to-day operations of on post barracks in the hands of the U.S. Army Installation Management Command instead of maintaining that responsibility with the units whose soldiers live in the barracks. Finally, is the impact of 12+ years of war on junior NCO leadership education, specifically regarding the initial NCO leadership school - the Warrior Leaders Course.

Although in concept the U.S. Army's ARFORGEN model that, if executed in accordance with AR 529-29, would meet the U.S. Army requirements of training units,

ensuring units are resourced and ready for deployment, and allow for a proper RESET phase that ensures soldiers can rest and refit and attend required military education courses. As discussed above, under the current manning requirements for units deploying there is simply insufficient manning within the U.S. Army to meet requirements for deploying units. Therefore, what is occurring during the ARFORGEN cycle is crisis manning management.

During the training and deployment phase these new soldiers build relationships with other soldiers and their leadership that provides leadership and a social network required to physically, emotionally, and mentally survive during combat. In other words, what Durkheim and Joiner refer to as that sense of "regulation, integration and belonging" is created during pre-deployment training and continues to be reinforced during deployment. During deployment, soldiers and leaders are in very close proximity to each other. Day-to-day contact, and for the most part hour-to-hour contact, is maintained where leadership constantly interfaces with their soldiers. The leader and the soldier become so ingrained that it becomes basic nature for a leader to identify when a soldier's mental and emotional state begins to alter due to associated combat stressors. Once identified the leader takes the necessary steps to assist the soldier through the stress either by continued monitoring or seeking assistance from a unit chaplain or mental health provider.

Once the unit redeployes and begins its RESET phase this bond between the soldier, leader and team mates begins to deteriorate. This occurs for two reasons. First, during RESET soldiers begin to re-integrate with families and friends and begin to conduct other activities that disassociate the leader from his soldiers. For example,

leaders and soldiers who are married begin spending more and more time with their family and not with single soldiers living in barracks. It is this disassociation that allows soldiers who are mentally and emotionally stressed to go on undetected simply because leaders and soldiers are not spending as much time together as they were while deployed.

Another, more extreme example that is much more destructive on stressed soldiers occurs 45-90 days post deployment. According to the ARFORGEN model units remain in the RESET phase for 90-180 days or longer. But due to the manning requirements since 9/11, the U.S. Army has cut the unit RESET phase to 45-90 days. At this time the U.S. Army begins issuing orders for soldiers and NCOs to move to new units or for attendance to professional military education courses. Due to time on station requirements, soldiers and leaders that move are those that have been with the unit longer than the soldiers who were newly assigned prior to deployment. When these leaders depart, a void is created until the unit completes its RESET phase and begins training for deployment. Therefore, the modification to the ARFORGEN model has unintentionally created a leadership vacuum that has become an enabler to suicide with in the U.S. Army.

In the summer of 2009, the U.S. Army decided to shift responsibility for operations of on post single soldier barracks from units in which the soldiers were assigned to the garrison staff. This initiative is referred to as the First Sergeant's Barracks Initiative (FSBI). This initiative was driven by a perceived need to relieve the burden of day-to-day barracks operations and maintenance for unit command teams who were engaged in pre-deployment training and those rear-detachment command

teams who were not sufficiently manned to maintain and operate the barracks. As with the ARFORGEN model, this initiative had great intentions, its implementation set into motion unintended consequences. In an interview conducted by Private First Class Ericka Baldon at Fort Bragg, Mr. Greg Jackson, Director of Public Works stated that:

With deployment schedules, training schedules and other management requirements that unit leadership has, barracks maintenance is a task that is best suited for the DPW. It allows Soldiers to focus on training, prepare for deployment and keep their focus on battle readiness... and assignment and termination of rooms....<sup>40</sup>

Although intended to relieve the burden of barracks operations during deployment, FSBI was quickly adopted and became standard operating procedure throughout the U.S. Army. With garrisons now managing barracks, unit integrity was no longer maintained because garrison staffs were assigning Soldiers wherever barracks space was available, regardless of unit integrity. This lack of unit integrity and the abdication of unit leader responsibility to barracks, soon created a situation where leadership didn't seem to believe it was their responsibility to check on soldiers. The unintended consequence is that first line leaders began to disassociate themselves with the barracks. Prior to FSBI, unit leaders were expected to conduct routine inspections in order to maintain good order and discipline within the barracks to ensure the actual facilities were maintained in good and working condition. After implementation, leaders just stopped inspecting barracks which in turn caused the good order and discipline to deteriorate while leaders began to disassociate themselves from their soldiers. Fortunately, in the winter of 2011, the U.S. Army recognized that the FSBI was a contributing factor to the widening gap between leadership and soldiers, thus enhancing the deterioration of the soldier's social-safety network. By the summer of 2012, the U.S. Army recognized this fatal flaw and as CSM Buford E. Noland, Fort Rucker Garrison Command Sergeant

Major stated, has now "put military organizations back in charge of the barracks" ... as it "was felt that units have gotten out of the business of maintaining the barracks and maintaining a good order of discipline in those barracks."<sup>41</sup>

The final example of the U.S. Army's policies that have impacted junior leadership's ability to defend against suicide deals with junior NCO professional military education. Specifically, the shift away from the Primary Leadership Development Course (PLDC) to the Warrior Leaders Course (WLC) and the unintended impact of lessening basic leadership education at the junior NCO level where it is most critical. In a July 2012, Technical Report titled "NCOs Leading in Garrison: An Investigation of Challenges and Leadership Requirements"<sup>42</sup> released by the U.S. Army Research Institute for the Behavioral and Social Sciences, Krista L. Ratwani et al, presented several factors leading to the degradation of junior NCO leadership. Of the wide range of factors discussed the most important and most damaging to junior NCO development are the findings that the U.S. Army's purposeful reshaping of PLDC into the WLC has significantly impacted the institutional Army's ability to educate Soldiers who are transitioning from the enlisted ranks to the NCO ranks. The report states that:

...a core NCO course that promotes skills related to garrison leadership, the Primary Leadership Development Course (PLDC), has been significantly shortened. In its new form (as the Warrior Leader Course, or WLC), it is no longer primarily focused on basic leadership skills. The high operational tempo (OPTEMPO) necessitated that training of NCOs focus on combat related leadership skills that allow them to be effective in the war on terror. As combat, tactical, and technical skills were emphasized, the Army has unintentionally limited the focus on garrison and leadership requirements. Leadership skills necessary for success while deployed may be developed during current training activities, but given that leadership is contextual and effectiveness depends on the situation, those skills may not transfer to success within a garrison environment.<sup>43</sup>

An examination of the Program of Instruction (POI) of WLC further reinforces Krista Ratwani findings. The POI dedicates a total of 147.6 hours of training spanning 19 days. Of the 147.6 hours of training a total of 30.6 hours are dedicated to leadership training with the remaining 117 hours being dedicated to training management (36.0 hours), warfighter (61.0 hours), mandatory training (14.0 hours), and the remaining time dedicated to examination (6.0 hours).<sup>44</sup> Furthermore, the WLC now includes 91 soldier common core tasks that focus on combat skills.<sup>45</sup> These common core tasks are tasks that prior to the start of the War on Violent Extremism were tasks that the U.S. Army required all soldiers be trained and certified on annually, but due to required pre-deployment training and deployments the U.S. Army suspended in 2006. Interestingly, with the U.S. Army admitting that it is facing a "suicide epidemic" only 2.0 hours of instruction are resourced against suicide prevention training.<sup>46</sup>

Therefore, the U.S. Army, based on the need to meet the War on Violent Extremism manning requirements and adjusting to meet deficiencies in common combat skills significantly redesigned its initial NCO educational course in order to provide a trained and ready force while sacrificing core leadership education. This deliberate and purposelessly driven redesign in junior NCO leadership education is, in essence, creating an unintentional side effect that is degrading the U.S. Army's first line of defense against suicide by insufficiently providing leadership training to our junior NCOs.

### Conclusion

The Department of Defense and the U.S. Army is placing a great amount of emphasis, time, and resources against its war of suicide. Study after study has been executed in order to determine why soldiers are committing suicide; all of which are tied

to 12+ years of executing the War on Violent Extremism and its associated stressors on the Force. As a result of these studies the U.S. Army has developed publications, web pages, and training packages while conducting numerous "suicide stand down days" all designed to bring to the forefront the need to stop suicide. All of which, while providing increased awareness and assisting in preventing numerous suicides, still continues to fall short as the suicide rate continues to climb to historical rates.

While the War on Violent Extremism has significantly increased the stress on the force, it certainly isn't the sole reason suicide rates have increased over the last ten years. In order to correct this epidemic, the U.S. Army needs to open itself up to further examination looking at the policies and modifications it has made over the last 12 years. Specifically, U.S. Army needs to examine its modifications to the ARFORGEN model and professional military education while further examining the not so comfortable subject of social-psychology.

The U.S. Army must seriously look at using the ARFORGEN model as a source of stability and predictability for soldiers and families. The solution to this situation is to enforce the intent of AR 529-29 by ensuring all units execute the full 180 day reintegration phase of the ARFORGEN model. This will enable leaders and soldiers which experienced and coped with combat stressors while deployed to continue to work through these emotional, mental and physical challenges, thus providing longer term stability with trusted and reliable leadership and fellow soldier-teammates who are familiar with soldiers who are experiencing post-deployment challenges which may lead to suicide.

By taking into further account the theories of psychologists and sociologists such as Emile Durkheim and Thomas Joiner, on the impacts social safety networks have on individuals seeking suicide as an alternative to stress, the U.S. Army will gain a greater understanding of the causes of suicide and the capability to expand its suicide prevention efforts beyond its current policies and procedures. By enforcing the ARFORGEN model's RESET timeline, the U.S. Army can provide additional stability for soldiers, specifically the small unit leadership needed to support soldiers through the critical reintegration phase of post deployment activities.

Most importantly the U.S. Army needs to address junior NCO professional education in order to provide the first line leaders with the proper and correct foundation of leadership needed to recognize, correct, and find outside unit assistance when soldiers face challenges that may degrade the emotional stability of soldiers to the perceived point where suicide becomes a viable option to the soldier's problems. By expanding WLC education, specifically education on counseling, mentorship, coaching, suicide prevention and the much needed leadership skills of interpersonal relationships, the U.S. Army can then and only then prepare junior leaders for the challenges of leading soldiers.

Until the U.S. Army corrects the deficiencies it continues to inflict on itself with regard to assisting junior leaders in both personal and professional development it will continue to be challenged in protecting our Nation's most precious national assets, the men and women who sacrifice themselves to protect and defend the United States.

## Endnotes

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<sup>16</sup> Ibid., 64-65.

<sup>17</sup> Ibid., 65.

<sup>18</sup> Ibid., 65-66.

<sup>19</sup> Ibid., 66.

<sup>20</sup> Ibid., 66.

<sup>21</sup> Ibid., 66-67.

<sup>22</sup> Ibid., 67.

<sup>23</sup> George R. Mastroianni and Wilbur J. Scott, *Reframing Suicide in the Military*, Parameters, (Summer, 2011).

<sup>24</sup> Ibid., 6.

<sup>25</sup> Ibid., 6.

<sup>26</sup> Ibid., 8.

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<sup>34</sup> Ibid., 3.

<sup>35</sup> U.S. Department of the Army, Health Promotion Risk Reduction Suicide Prevention Report 2010, (Washington, DC: U.S. Department of the Army, 2010), 24.

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